

REQUEST FOR PAYMENT

ORGANIZATION NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

SFCA PROJECT NO. \_\_\_\_\_ SFCA PROJECT TITLE: \_\_\_\_\_

Instructions to Contractor: Please check the appropriate box of the appropriate schedule and provide all the information required.

SINGLE PAYMENT SCHEDULE

( ) ONE PAYMENT ONLY (100%)\*

TWO PAYMENTS SCHEDULE

( ) FIRST PAYMENT (60%)  
( ) SECOND & FINAL (40%)\*  
PAYMENT

THREE PAYMENTS SCHEDULE

( ) FIRST PAYMENT (60%)  
( ) SECOND PAYMENT (30%)  
( ) THIRD & FINAL (10%)\*  
PAYMENT

I am requesting a payment of \$\_\_\_\_\_ which comprises \_\_\_\_\_ percent of the compensation due the Contractor for the \_\_\_\_\_ payment, as agreed to in the provisions of Section D, Method of Payment, of the Agreement for this project. An itemization or breakdown of expenditures by categories for this payment is listed below in accordance with and proportionate to the expenses listed under the "SFCA share" column of Section B, Proposed Budget-Expenses of the Revised Proposal Form and the appropriate payment column of the Method of Payment Schedule, as follows:

By: \_\_\_\_\_  
(Authorized Signature)

\_\_\_\_\_ Date of Request

\_\_\_\_\_ Print name of authorized signature

Its \_\_\_\_\_ Title of Position within Organization

**\*IMPORTANT:** In case of single (one) payment only, or second and final payment, this invoice must be submitted with the Final Project Report and the State of Hawaii tax clearance certificate (Form A-12), obtainable at the State Tax Department

FOR SFCA USE ONLY:

Approved for \_\_\_\_\_ payment

\_\_\_\_\_ Designated Programs Budget Coordinator

Date \_\_\_\_\_

Date Invoice Received	_____
Invoice Extensions Checked	_____
Supporting Documents Attached	_____
Date Goods/Services Received	_____
P.O. # _____	Partial/Final
I certify that all materials, supplies and incidentals have been received in good order and condition. (Sec. 40-56, HRS.)	
APPROVED FOR PAYMENT:	
Signed: _____	
(Authorized Person Directly Responsible)	